

COME 2 CHANGE COUNSELING, LLC

10410 Kensington Parkway, #114
Kensington, MD 20895
240.292.6127
www.come2changecounseling.com

Client Information

Today's date: _____

Note: If you have been a patient here before, please fill in only the information that has changed.

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Insurance Carrier: _____ Insurance ID#: _____

Nicknames or aliases: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

What are your immediate concerns? _____ Have you previously attended therapy? _____

What symptoms are you experiencing? (e.g., anger crying, irritability, sadness, anxiousness, etc.) _____

B. Referral: How did you hear about my services? _____

If referred, who gave you my name to call?

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? Yes No

How did this person explain how I might be of help to you? _____

C. Religious and racial/ethnic identification

Current religious denomination/affiliation Protestant Catholic Jewish Islamic Buddhist Hindu

Other (specify): _____

Involvement: None Some/irregular Active

How important are spiritual concerns in your life? _____

Which (if any) church, synagogue, temple, or meeting are you involved with? _____

Ethnicity/national origin: _____ Race: _____ or other similar way you identify yourself and consider important: _____

D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____ Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? Yes No

E. Your current employer

Employer: _____ Address: _____

Work phone: _____ or other means of communication _____

Calls will be discreet, but please indicate any restrictions: _____

F. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Address: _____

Significant other/nearest friend or relative not residing with you: _____

G. Your education and training

Dates		Schools	Special classes?	Adjustment to school	Did you graduate?
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

H. Employment and military experiences

Dates		Name of employers	Job title or duties	Reason for leaving
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I. Family-of-origin history

Relative	Name	Current age (or age at death)	Illnesses (or cause of death, if deceased)	Education	Occupation
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____

Brothers _____

Sisters _____

Stepparents _____

Grandparents _____

Uncles/aunts _____

Others _____

J. Marital/relationship history

Spouse's name	Spouse's age at marriage	Your age at marriage	Your age when divorced/widowed	Has spouse remarried?
First _____	_____	_____	_____	_____
Second _____	_____	_____	_____	_____
Third _____	_____	_____	_____	_____

K. Significant nonmarital relationships (close relationships you may currently have):

Name of other person	Person's age when started	Your age when started	Your age when ended	Reasons for ending
First _____	_____	_____	_____	_____
Second _____	_____	_____	_____	_____
Third _____	_____	_____	_____	_____

L. Children Indicate those from a previous marriage or relationship with "P" in the last column.

Name	Current age	Sex	School	Grade	Adjustment problems?	P?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

M. Is there any other information you think we should know?
